

Plan 3 Part-Time Local 587 Employee's

Plan 2 Benefits Guide

You become eligible for Plan 2 benefits again April 1, 2002 and remain eligible through July 31, 2002.

Re-enrolling for Plan 2, you may:

- Change medical plans, since this is your first opportunity to elect county-paid coverage since the last open enrollment. However, the plan you choose now will be the plan you self-pay if you return to Plan 3 this year.
- Add back any benefit-eligible dependents you may have dropped or new benefit-eligible dependents you did not add when you had self-paid Plan 3 coverage.

The basic and enhanced life, accidental death and dismemberment (AD&D) and long term disability (LTD) you have under Plan 3 continues when you re-enroll for Plan 2, but you may not add or increase coverage now. Your next opportunity to add or increase enhanced life is 2003 open enrollment for 2004. Your next opportunity to add or increase AD&D, or add enhanced LTD is the next open enrollment in the fall.

Review the additional information in this guide, then complete and return the Plan 2 re-enrollment form on the last page **by Friday, March 1** to:

Benefits & Well-Being
Yesler Building YES-ES-0500
400 Yesler Way
Seattle WA 98104-2683

If you don't return the form by the deadline, only family members you've most recently enrolled under Plan 3 will be covered under this default coverage:

- KingCare (Aetna/Ethix) Basic Medical or your previous medical plan if previously enrolled
- Dental
- Vision
- Life insurance coverage you had under Plan 3
- AD&D insurance coverage you had under Plan 3
- LTD insurance coverage you had under Plan 3.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



Medical

You have five options for medical coverage or you may opt out of medical and receive an additional \$65 in monthly pay taxed as ordinary income. The option you select is the option your family members receive.

To opt out of medical coverage you must have coverage through another employer's health care plan and submit a copy of the other medical plan card with your enrollment form. If you opt out and don't provide a copy of the card you automatically receive KingCare (Aetna/Ethix) Basic coverage, the default option. If you opt out of medical coverage, you may opt back in if you lose the other coverage and return a completed Request to Opt Back in Medical Coverage Form to Benefits & Well-Being within 60 days of losing coverage.

Generally, the plans on the left in the following tables offer a greater selection of covered providers but lower benefit levels. Plans on the right offer higher benefit levels but less selection of covered providers.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Provider choice	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when your PCP* coordinates or provides your care	Your PCP* coordinates or provides all of your care	Your choice of Virginia Mason or Group Health providers; your PCP* coordinates or provides all care within their network
Annual deductible	\$250/person; \$750/family	\$50/person; \$150/family	None	None	None
Annual out-of-pocket maximum/person	\$800 network; \$1,600 non-network	\$400 network; \$1,200 non-network	\$0 network; \$1,600 non-network	\$0 network; no coverage non-network	\$1,000 network; no coverage non-network
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit
Alternative care	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit for specific services; PCP referral required
Chemical dependency treatment	80% network; 60% non-network; \$10,680 max/24 mos	100% network; 70% non-network; \$10,680 max/24 mos	100% Behavioral Health-directed; 60% self-directed; \$10,680 max/24 mos	100% (Behavioral Health must refer); \$10,680 max/24 mos	100% for inpatient; 100% after \$10 copay/visit for outpatient; \$10,680 max/24 mos

* PCP means your primary care physician.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Chiropractic care (as with most other benefits, must be medically necessary)	80% network; 60% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	90% network; 70% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	100% after \$10 copay/visit PCP-referred; 100% after \$20 copay/visit self-directed network or non-network; up to 33 self-directed visits/yr	100% after \$10 copay/visit; must use network provider	100% after \$10 copay/visit; must use network provider
Circumcision	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%
Durable medical and diabetic equipment (prior approval required)	80%	80%	80% PCP-directed; 50% self-directed	100%	80%
Emergency care (in an emergency room)	80% after \$50 copay/visit (waived if admitted)	90% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at a network facility -- waived if admitted; \$125 copay/visit at a non-network facility
Emergency care while traveling	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider
Hospital care	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%
Infertility	80% network; 60% non-network; limited to specific services and \$25,000 lifetime max	90% network; 70% non-network; limited to specific services and \$25,000 lifetime max	Not covered	Not covered	Not covered
Lab, x-rays and other diagnostic testing	80% network; 60% non-network	90% network; 70% non-network	100%	100%	100%

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Massage therapy (as with most other benefits, must be medically necessary)	80% network; 60% non-network; physician prescribed only (after 20 visits Aetna reviews)	90% network; 70% non-network; physician prescribed only (after 20 visits Aetna reviews)	100% after \$10 copay/visit network; 100% after \$20 copay/visit non-network; PCP referral required	100% after \$10 copay/visit; PCP referral required; must use network provider	100% after \$10 copay/visit; PCP referral required; must use network provider
Mental health care — inpatient	80% network; 60% non-network; up to 30 days/yr	90% network; 70% non-network; up to 30 days/yr	100% (Behavioral Health must refer); 60% self-directed; up to 30 days/yr	100% up to 30 days/yr (Behavioral Health must refer)	80% up to 12 days/yr
Mental health care — outpatient	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (Behavioral Health must refer); 50% up to 9 visits/yr self-directed	100% after \$10 copay/visit, up to 30 visits/yr (Behavioral Health must refer)	100% after \$20 copay/individual, family or couple for each visit and \$10 copay/group session (up to 20 visits/yr)
Out-of-area coverage for your children away at school	Same benefits you receive at home, through Aetna's national provider network	Same benefits you receive at home, through Aetna's national provider network	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	In E and SW WA and N OR care is available through associated HMOs; in all other areas only emergency care is covered
Physician and other medical and surgical services**	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed; 100% after \$20 copay/visit self-directed	100% after \$10 copay/visit	100% after \$10 copay/visit
Prescription drugs — network (must use participating pharmacies)	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply
Prescription drugs — mail order	100% after \$10 copay/100-day supply	100% after \$10 copay/100-day supply	100% after \$10 copay/90-day supply	100% after \$10 copay/90-day supply	100% after \$5 copay generic or \$10 copay brand name; 30-day supply

** Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy (including lymphedema). Call the medical plan for more information.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Preventive care (such as routine exams and immunizations)	100% network; 60% non-network	100% network; 70% non-network	100% after \$10 copay/visit PCP-directed; not covered self-directed	100% after \$10 copay/visit	100%
Skilled nursing facility	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed; up to 100 days/yr	100% up to 100 days/yr	100% (when pre-authorized)
Smoking cessation -- sessions	80% network; 60% non-network; \$500 lifetime max	90% network; 70% non-network; \$500 lifetime max	100% after \$50 copay/network program	100% after \$50 copay/network program	100%; network provider; max of one program/yr
Smoking cessation -- nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% after \$20 copay for one four-week supply if prescribed by PCP	100% after \$20 copay for one four-week supply if prescribed by PCP	100% or \$5 copay/30-day supply (whichever is less) for network program

■ Plan 3 Medical Cost

King County pays the complete cost of Plan 2 medical coverage but only a portion under Plan 3. The following table lists the share of monthly premiums you pay if you return to self-paid Plan 3 coverage this year.

Health Plan	Your Share of the Monthly Premium			
	You Only	You & Spouse/ Domestic Partner	You & Children	All
KingCare (Aetna/Ethix) Basic \$195.48 paid by county	\$ 72.00	\$ 339.48	\$ 285.98	\$ 553.46
KingCare (Aetna/Ethix) Preferred \$195.48 paid by county	\$ 119.20	\$ 433.88	\$ 370.94	\$ 685.62
PacifiCare Choice \$195.48 paid by county	\$ 86.66	\$ 368.77	\$ 312.39	\$ 594.51
PacifiCare HMO \$195.48 paid by county	\$ 48.87	\$ 293.22	\$ 244.35	\$ 488.71
Virginia Mason/Group Health Alliant \$195.48 paid by county	\$ 52.93	\$ 301.39	\$ 251.66	\$ 500.06

Benefit-Eligible Family Members

If you list them on your enrollment form, King County covers these family members under your benefit plans:

- Your spouse/domestic partner (Affidavit of Marriage/Domestic Partnership required, back of enrollment form)
- Unmarried children of you or your spouse/domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return). A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan.

There is no cost to cover family members, but when you cover a domestic partner (DP) and DP's children for health benefits (medical, dental, vision) under Plan 2 the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary.

■ Monthly Taxable Values for Domestic Partner Health Benefits in 2002

Health Plans	DP Only	DP's Children	DP & DP's Children
KingCare (Aetna/Ethix) Basic, WDS & VSP	\$330.48	\$264.38	\$594.86
KingCare (Aetna/Ethix) Preferred, WDS & VSP	\$377.68	\$302.14	\$679.82
PacifiCare Choice, WDS & VSP	\$345.11	\$276.13	\$621.24
PacifiCare HMO, WDS & VSP	\$307.35	\$245.88	\$553.23
VM/GH Alliant, WDS & VSP	\$349.46	\$279.58	\$629.04
WDS & VSP (Opted Out of Medical)	\$ 63.00	\$ 50.40	\$113.40

Resource Directory

Questions About ...	Contact ...
Plan 1, 2 or 3 Eligibility	Your Base Chief
General Benefits <ul style="list-style-type: none"> • Health and life insurance plans • PERS enrollment • Flexible Spending Account enrollment • Change forms • Alternate formats 	Benefits & Well-Being Yesler Building YES-ES-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* ■ 1-800-325-6165 x41556* ■ Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical <ul style="list-style-type: none"> • Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.) • Filing claims • Other plan details (covered expenses, limitations, exclusions, preauthorization) 	KingCare PO Box 91023, Seattle WA 98111-9123 Phone 1-800-654-3250* x77020 ■ 206-701-1100* E-mail kingcare@aetna.com ■ Web www.kingcare.com Express Scripts mail order Rx for KingCare PO Box 52123, Phoenix AZ 85027-2123 Phone 1-888-201-5853* ■ 1-800-296-2956* (refills) E-mail thru Web www.express-scripts.com PacifiCare PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web www.pacificare.com Prescription Solutions mail order Rx for PacifiCare PO Box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web www.pacificare.com Virginia Mason/Group Health Alliant PO Box 1207, Seattle WA 98111-1207 Phone 1-800-442-4038* E-mail info@ghc.org Web http://www.ghc.org/web/health_plans/alliantselect/index.jhtml
Dental <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* ■ 206-522-2300* E-mail cservice@deltadentalwa.com ■ Web www.deltadentalwa.com
Vision <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195* E-mail thru Web www.vsp.com
Public Employees Retirement System (PERS) <ul style="list-style-type: none"> • General information • Beneficiary designation • Beneficiary and address changes 	Washington State Department of Retirement Systems PO Box 48380, Olympia 98504-8380 Phone 1-800-547-6657 ■ 360-664-4700 ■ 360-586-5450 (TTY) E-mail recep@drs.wa.gov ■ Web www.wa.gov/drs/drs.html

* TTY 711

Questions About ...	Contact ...
Flexible Spending Account Processing <ul style="list-style-type: none"> Account balances Reimbursement 	Associated Administrators Inc./AAI PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* ■ Fax 1-800-879-8987 E-mail flex@aai-tpa.com
Deferred Compensation <ul style="list-style-type: none"> Enrollment Changes (beneficiaries, contributions, allocations, etc.) Quarterly work site seminars 	T. Rowe Price PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
Counseling & Resource Referral <ul style="list-style-type: none"> Personal, family and work problems Financial and legal matters Child care, elder/adult care 	Making Life Easier Phone 1-888-874-7290* (24 hours a day, seven days a week)
Mildly Ill Child Care	Virginia Mason's Tender Loving Care Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
Mortgage Assistance	Home Mortgage Assistance Program Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm
Employee ID/Keycard/Bus Pass <ul style="list-style-type: none"> Department ID coordinators Replacements 	Department of Construction and Facility Management Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104* Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
Employee Transportation Program <ul style="list-style-type: none"> Discounted ferry passes Vanpool subsidy Carpool, bike and walk incentives Ridematching services Home Free Guarantee ride home 	Employee Transportation Program Yesler Building YES-TR-0600 400 Yesler Way, Seattle 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
Credit Unions	King County Credit Union Multiple locations Phone 1-800-248-6928* Web www.kccu.com MetroPacific Community Credit Union Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mpcu.org

* TTY 711



Plan 2 Benefits Re-Enrollment Form

Return to Benefits & Well-Being, Yesler Building YES-ES-0500, 400 Yesler Way, Seattle 98104-2683

by Friday, March 1. Your Plan 2 benefits begin April 1.

Benefits that don't require decisions -- dental, vision, basic and enhanced life/AD&D/LTD -- are not listed.

Last Name _____ First _____ MI _____
 Soc Sec No _____ PeopleSoft ID No _____
 Birth Date _____ Gender ☐ M ☐ F Home Phone (_____) _____
 Home Street Address _____ Apt No _____
 City _____ State _____ ZIP _____
 Home E-Mail _____ Work Phone (_____) _____

■ Medical

To opt out you must be covered under another group medical plan and return a copy of the medical plan card with this form -- see page 2. If you change medical plans, don't have access to www.metrokc.gov/ohrm/benefits where plan booklets are posted, check this box ☐ and we'll mail you a hard copy.

- ☐ KingCare (Aetna/Ethix) Basic ☐ PacifiCare Choice ☐ VM/GH Alliant
☐ KingCare (Aetna/Ethix) Preferred ☐ PacifiCare HMO ☐ Opt Out (covered for dental & vision only)

■ Benefit-Eligible Family Members

List eligible family members and provide all information for each. If you're covering a spouse or domestic partner not previously covered, complete the Affidavit of Marriage/Domestic Partnership on the back. Copy and attach additional sheets as needed.

1. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
2. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
3. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
4. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
5. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit a new enrollment form.

Employee Signature _____ Date Signed _____

Office Use Only: Reviewed _____ Data Entered _____ Audited _____

Affidavit of Marriage/Domestic Partnership

Check all boxes that apply.

- ☐ Add my spouse or domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage or DPship, but do not add my spouse or DP for benefit coverage at this time.
- ☐ My spouse or DP is also a King County employee.

Check one of the following boxes and provide date.

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my DP (named below) and I began our DPship (date) _____ and we:
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Are not married to anyone
 - Are both 18 years of age or older
 - Are not related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

* *Basic living expenses means the cost of basic food, shelter and any other expenses of a DP paid at least in part by a program or benefit for which the partner qualified because of the DPship. The individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

Authorization

I understand this affidavit will no longer be effective if my spouse/DP dies or if there is a change of circumstances attested to in this affidavit.

I agree to notify Benefits & Well-Being or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 60 days of such change by filing a Statement of Termination of Marriage/DPship.

I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law.

We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee Signature _____

Date Signed _____

Employee Social Security Number _____

Spouse/DP Signature _____

Date Signed _____

Spouse/DP Printed Name _____